

## **MCAH/OFP Title V Implementation Plan (Phase II)**

### **Goals, Objectives and Strategies**

#### **Priority Goals, Objectives and Strategies**

During the needs assessment process, the MCAH/OFP Branch and the CMS Branch identified ten priority areas with regard to maternal, child and adolescent health. Seven of these priorities were addressed in the implementation plan developed in fiscal year 2005-2006. Objectives and strategies for the remaining three are outlined in the following pages.

Discussions with stakeholders during the development process for the IP identified three cross-cutting strategies:

- Assure awareness and integration of key components of MCAH Program core content among complementary or overlapping MCAH Programs;
- Eliminate health disparities;
- Promote cultural and linguistic competence in MCAH/OFP programs and staff.

These three overarching strategies cut across all of the MCAH/OFP Branch's priority goals, objectives and strategies. The cross-cutting strategies are critical for state and local efforts and will be integrated across all MCAH/OFP activities initiated to address the Title V Priorities.

NOTE – The 05/06 Implementation Plan will be revised, incorporating the three priorities outlined here. The revised plan will be submitted as part of California's 2007-2008 Title V MCH Block Grant Application and Report.

**Priority Goal 1: Enhance preconception care and work toward eliminating disparities in infant and maternal morbidity and mortality. Objectives and Strategies for Priority Goal 1 were addressed in fiscal year 2005-2006.**

**Priority Goal 2: Promote healthy lifestyle practices among MCAH populations and reduce the rate of overweight children and adolescents. Objectives and Strategies for Priority Goal 2 were addressed in fiscal year 2005-2006.**

**Priority Goal 3: Promote responsible sexual behavior in order to decrease the rate of teenage pregnancy and sexually transmitted infections.**

<b>Objectives</b>	<b>Implementation Strategies</b>
Objective 3.1 – Improve access to comprehensive reproductive health care services including screening for	3.1.1 Conduct outreach to promote access to comprehensive family planning, reproductive life planning and reproductive health and services for all sexually

**Priority Goal 3: Promote responsible sexual behavior in order to decrease the rate of teenage pregnancy and sexually transmitted infections.**

Objectives	Implementation Strategies
sexually transmitted infections.	<p>active Californians.</p> <p>3.1.2 Provide information on preconception health, unsafe sexual practices and possible consequences for both partners on pregnancy outcomes and STIs.</p> <p>3.1.3 Develop and implement teen specific strategies to increase access to Family PACT and/or other comprehensive family planning services; link teen and male outreach programs to clinical provider services.</p>
Objective 3.2 – Increase the sexual health knowledge and counseling skill level of clinicians, counselors, educators, and other professionals providing family planning and reproductive health services to teens.	<p>3.2.1 Create a comprehensive outline of the knowledge, abilities and skills necessary to be an effective and highly qualified educator, counselor, or case manager in the area of adolescent sexual health.</p> <p>3.2.2 Disseminate core competencies applicable to a wide range of professionals for providing sexual health education and counseling services to adolescents and young adults consistent with best practices for effective interventions and appropriate to age and ethnicity.</p> <p>3.2.3 Develop a comprehensive and appropriate training based on the core competencies. Explore the need for the development of a certification program for defined categories of counselors.</p>
Objective 3.3 – Strengthen MCAH/OFP capacity to monitor teen births and sexually transmitted infections.	<p>3.3.1. Monitor rates of teen births, teen birth outcomes and behavioral risks at the state and regional level, and among subgroups of the population.</p> <p>3.3.2. Evaluate surveillance data in order to identify trends and disparities in teenage birth rates, behavioral risks and sexually transmitted infection rates.</p> <p>3.3.3. Develop and strengthen collaborative efforts with other branches within the department and other state agencies that collect health surveillance data.</p>
Objective 3.4 – Increase and strengthen working relationships with other state and local agencies and community-based organizations to coordinate intervention efforts aimed at promoting responsible sexual behavior.	<p>3.4.1. Work through partnerships (such as ASHWG, the California Adolescent Health Collaborative) to identify and support consistent use of best practices and intervention efforts aimed at promoting responsible program practices.</p> <p>3.4.2. Utilize partnerships with state departments and increase and strengthen working relationships that address high-risk youth (such as CA Departments of Social Services, Education, Corrections, Alcohol and Drug Programs, Mental Health, and Developmental Services) to overcome barriers to categorical funding and service provision.</p> <p>3.4.3. Establish processes to identify, disseminate and update findings regarding “best practices” to different stakeholders, including policy makers, providers, program</p>

**Priority Goal 3: Promote responsible sexual behavior in order to decrease the rate of teenage pregnancy and sexually transmitted infections.**

Objectives	Implementation Strategies
	developers, and other interested parties.

**Priority Goal 4: Improve mental health and decrease substance abuse among children, adolescents, and pregnant or parenting women. Objectives and Strategies for Priority Goal 4 were addressed in fiscal year 2005-2006.**

**Priority Goal 5: Coordinate to develop and implement a system of timely referral between mental health, developmental services, social services, special education services and California Children's Services. Objectives and Strategies for Priority Goal 5 were addressed in fiscal year 2005-2006.**

<b>Priority Goal 6: Improve access to medical and dental services, including the reduction of disparities.</b>	
<b>Objectives</b>	<b>Implementation Strategies</b>
Objective 6.1 – Develop and strengthen working relationships with other state agencies and organizations outside the branch to address medical and oral health access issues.	<p>6.1.1 Establish and maintain appropriate collaborative relationships to address systemic barriers for medical and oral health services and to improve access to services.</p> <p>6.1.2 Participate in the CDHS Oral Health Work Group to address oral health issues in the MCAH population and utilize this group in an advisory capacity for MCAH oral health efforts.</p> <p>6.1.3 Participate on the State Interagency Team to address access to medical and oral health services for the MCAH population.</p> <p>6.1.4 Partner with health care reimbursement systems including the Medi-Cal/Denti-Cal Programs, MRMIB and Children’s Health Initiatives to improve access to care.</p> <p>6.1.5 Work with the CDHS Immunization Branch to develop, implement, and strengthen programs to enroll and target adolescent and young adults so that they are able to access immunizations, and to serve as a gateway to other preventive health and treatment services.</p> <p>6.1.6 Participate in efforts to increase local health jurisdictions’ capacity to collect data on the MCAH population’s oral health needs and resources.</p> <p>6.1.7 Identify opportunities for promoting medical and dental professional representation on existing MCAH Program Advisory Committees.</p>
Objective 6.2 – Promote effective oral health practices among parents, childcare providers, Maternal, Child and Adolescent Health (MCAH) programs, and primary health care providers.	<p>6.2.1 Assist local MCAH program staff to identify high-risk populations for oral diseases.</p> <p>6.2.2 Collaborate with other State internal and external partners to promote MCAH Program activities to increase the number of children receiving preventive dental services such as fluoride (toothpaste, fluoride varnish, mouth rinse and other forms of fluoride), dental sealants and xylitol chewing gum.</p> <p>6.2.3 Promote services that improve access to oral health care and education, including: school and community-based enrollment and outreach efforts, mobile and portable dental programs, school based prevention and treatment, and case management or care coordination; identify and share best practices with others throughout the state.</p>
Objective 6.3 – Increase the number of children with medical/dental insurance coverage.	<p>6.3.1 Through the California Early Childhood Comprehensive Services grant, identify county-specific funding sources for screening of all children birth to five years for hearing, vision, oral health, language/speech, and developmental delays, including socio-emotional development.</p>

<b>Priority Goal 6: Improve access to medical and dental services, including the reduction of disparities.</b>	
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	<p>6.3.2 Identify, develop and disseminate guidelines and best practices for screening of children 0-5 years of age, including those that encourage formal agreements for follow-up and the establishment of a medical home.</p> <p>6.3.3 Expand access to oral and medical health services for children, adolescents and pregnant women by expanding knowledge of available sources such as Medi-Cal and Healthy Families.</p> <p>6.3.4 Identify and provide support for statewide systems change including legislative changes or language that will include screening for hearing, vision, oral health, and developmental delays for children ages 0-5.</p>

**Priority Goal 7: Expand the number of qualified providers participating in the CCS program, e.g., medical specialists, audiologists, occupational and physical therapists, and nutritionists.**

**Objectives and Strategies for Priority Goal 7 were addressed in fiscal year 2005-2006.**

**Priority Goal 8: Increase the number of family-centered medical homes for CSHCN and the number/percent of CCS children who have a designated medical home.**

**Objectives and Strategies for Priority Goal 8 were addressed in fiscal year 2005-2006.**

**Priority Goal 9: Decrease unintentional and intentional injuries and violence, including family and intimate partner violence.**

Objectives	Implementation Strategies
Objective 9.1 – Increase awareness of MCAH population needs and best practices with regard to injuries; intentional (including domestic violence) and unintentional.	<p>9.1.1 Promote the use of injury prevention guidelines and strategies within MCAH/OFP programs that are based upon current evidence-based research and literature.</p> <p>9.1.2 Produce and distribute technical assistance documents on key MCAH injury topics.</p> <p>9.1.3 Collaborate with state, local and non-profit agencies and stakeholders to develop multidisciplinary strategies to reduce death and disability related to motor vehicle crashes and other key injury causes to reduce the burden of injury in our children and youth.</p> <p>9.1.4 Target prevention and intervention activities within existing MCAH/OFP programs to groups identified at highest risk.</p> <p>9.1.5 Support the distribution of information concerning state of the art injury prevention strategies and programs to MCAH/OFP personnel and local MCAH programs.</p>
Objective 9.2 -- Strengthen MCAH/OFP capacity to monitor intentional and unintentional injuries.	<p>9.2.1 Develop and strengthen collaborative efforts with the Epidemiology and Prevention for Injury Control (EPIC) Branch and other branches within California state agencies that collect health injury data, such as the Criminal Justice Statistics Center, the California Highway Patrol (SWITRS), the California All Incident Reporting System (CAIRS) and the Office of Statewide Health Planning and Development (OSHPD).</p> <p>9.2.2 Monitor the incidence of serious injuries (Emergency Department visits, hospital discharges, and deaths) and the prevalence of selected injury risk and protective factors on a statewide, and, if possible, county level, and among subgroups of the population (e.g., seat belt and infant car seat usage; incidents of teen suicide); monitor behavioral risk factors for injuries.</p> <p>9.2.3 Report on injury trends and/or disparities based on geographic, race/ethnic, socioeconomic and age factors.</p> <p>9.2.4 Monitor California's progress toward meeting Healthy People 2010 injury control goals from Chapters 1, 7, 8, 15, 18, 20, and 26.</p> <p>9.2.5 Identify, document, and disseminate best practices reflecting specific California communities that have implemented innovative interventions.</p>
Objective 9.3 – Increase access to domestic violence	9.3.1 Conduct needs assessment in each of the newly specified populations to MCAH

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<p>shelter services in newly specified target populations: mental health and substance abuse; physically disabled, developmentally disabled; and lesbian, gay, bisexual, transgendered and questioning.</p>	<p>intimate partner violence (IPV): mental health and substance abuse; physically disabled, developmentally disabled; and lesbian, gay, bisexual, transgendered and questioning populations.</p> <p>9.3.2 Develop curricula to build capacity with other agencies to serve women experiencing IPV with mental health and substance abuse issues; physically disabled and/or developmentally disabled; and/or lesbian, gay, bisexual, transgendered and questioning.</p> <p>9.3.3 Conduct regional trainings and provide technical assistance in the new areas for Domestic Violence Program shelter agencies.</p> <p>9.3.4 Implement continuous quality improvement processes to reevaluate and ensure ongoing access to DV shelter services for women experiencing IPV with mental health and/or substance abuse issues, physically or developmentally disabled, and/or lesbian, gay, bisexual, transgendered and questioning.</p> <p>9.3.5 Continue to improve the capacity of MCAH Programs to identify persons who may be experiencing IPV and to refer them to appropriate agencies and organizations.</p>

**Priority Goal 10: Increase breastfeeding initiation and duration.**

**Objectives and Strategies for Priority Goal 10 were addressed in fiscal year 2005-2006.**